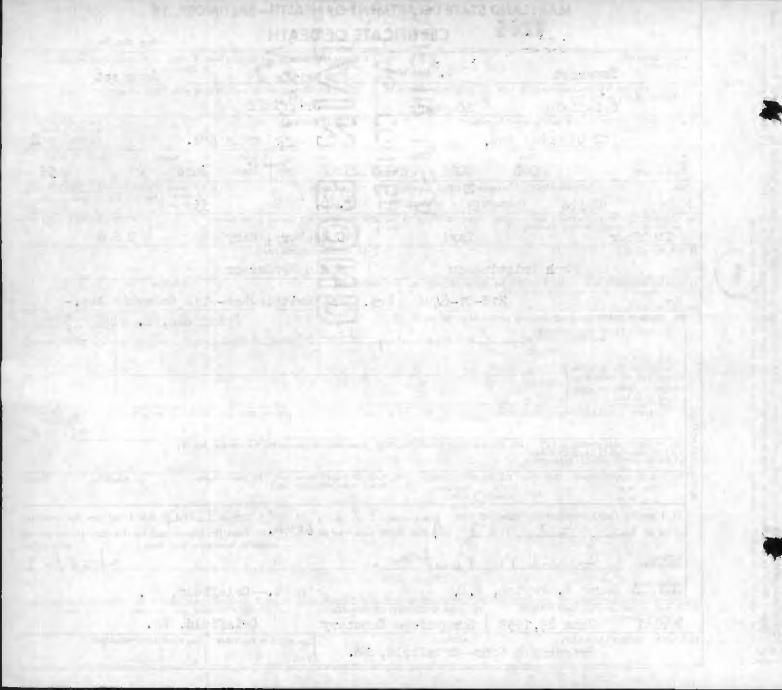
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VS A1S (4) 1SM 10/S7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07242

		533	CER.	TIFICA	ATE OF I	DEATH			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Se	omerset		MA	ARYLAND	o. STATE	Maryla:		d lived. If instituti b. COUNTY	on: Reside			ion)
b. CITY OR TOWN (IF RURAL and give ne	outside corporate lim arest town) risfield	ils, write	c. LENGTH OF ST.			TOWN (If or Crisfic		rate limits, write R	URAL and	give ne	arest town	2)
d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION 112 Columbia Ave.				d. STREET A		lumbia	a Ave.				FARM?	
3. NAME OF DECEASED (Type or print)	ELWO	rst OD	NOAH		TINGHAM	st	4. DATE OF DEATH	June	th 27	Do		Yeor 1958
s. sex Male	6. COLOR OR RACE White	7. MARR	IED MEVER MAI	RRIED	Aug. 6,			9. AGE (In years lost birthday) 55 yrs.	IF UNDE Months	Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of worki Chaffeur 13. FATHER'S NAME	ing life, even if refired	3)	Taxi	OR INDU	Coke	B MAIDEN N	Mar	yland		S A		COUNTR
15. WAS DECEASED EVER (Yes. no. or unknown)	NOS B	RCES? 16.			NFORMANT	Britt:		n		ia A	.ve	
PART I. DEAT H 20 , I Conditions, if on gove rise to in couse (o), stating t lying couse tost.	nmediate (0	Com	~ ~ ~ y	The	-v-J	200	risfield,	Picto	ÖN	ERVAL BE	DEATH
20g. ACCIDENT WAS	CAUSE OF DEATH		CRIBE HOW INJURY						'EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED? NO 2
OF EITHER, NOTIFY A	MEDICAL EXAMINER)	ar 20d, Ih While of work	Not while	20e. PL	ACE OF INJURY (story, street, office	(Home, form, e bldg., etc.)	20f. (City	or town)	((County)		(State)
alive an	Landarah M. Per		Port	at death	occurred at	4:30A.	M, from	27, 1947 in the causes of reet, city or lown,	and an 1	last so	te state	deceased abov
220. BURIAL, CREMATION REMOVAL (Specify) BUL' 18		OF .	Sunnyri		R CREMATORY		22d. LOCAT	ION (City, town, of sfield, A	or county)		[Stote	e)
23. FUNERAL DIRECTOR'S		& So	ADDRESS nsCrisf	ield,	Md.	240. REC'D		- 1	TRAR'S SI	GNATHI	RE	



7245 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY SOMERSET MARYLAND MARYLAND SOMERSET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give cedest town T.TERTIME CRISTTELD d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? AWSONIA SECTION LAWSONIA SECTION YES NO. NAME OF Middle Lost Month DECEASED IDA **JENNIE** BYRD JUNE 12 19 58 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Hours FEMALE WHITE WIDOWED K DIVORCED | OCT. 6, 1861 96 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE DOMESTIC CRISFIELD. MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WARD ELIZA CULLEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO NONE BENSON BYRD-R.F.D. LAWSONIA-CRISFIELD. MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES I NO I CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m While Not while of work of work 21. I certify that I attended the deceased fram. 12 ... 19 5 Sthat I last saw the deceased and that death occurred at 2 10 alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE Peyton PHYSICIAN'S Sarah M. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) CRISFIELD, MD. ASBURY CEMETERY 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTBAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) BRADSHAW & SONS-CRISFIELD, MD. 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. ET TOLL IN A TRAINER . . . the Line of the Land haurs after death Filled plete physicion DIREC FUNERAL DIR

15M 10/57

NAME (Type) DR . CRISFIELD, MARYLAND RAWLEY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Marion, Maryland . 1958 Branch Cemetery

23. FUNERAL DIRECTOR'S SIGNATURE H. Harvey Bradshaw, Crisfieldm Maryland

June

alive on

240. REC'D BY REGISTRAR DATE JUN 1 3 '58

____, and that death occurred at______M, fram the causes and on the date stated above.

24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

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(Stole)

ON A FARM?

YES NO TO

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7248

CERTIFICATE OF DEATH

J 20	GERTINIOA.	IL OI DEATH	R	Reg. Dist. No.
PLACE OF DEATH COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE MARYLA	b. COUNTY	Residence before admission) SOMERSET
b. CITY OR TOWN (If outside corporate limits, wri	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of MAR. I O.)	~	At and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give structure or institution or institution of the many of t		d. STREET ADDRESS	DIATION	IS RESIDENCE ON A FARM? YES NO X
NAME OF First DECEASED (Type or print) BLANC	Middle	CULLEN 4. DA		Doy Yeor 23 1958
SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED 8.	DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	Own home	MARYLAN		U.S.A.
J. FATHER'S NAME LUTHER T. MILES		14. MOTHER'S MAIDEN NAME ANNIE H	ANDY	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. no. D. unknown) (17 yes, give wor or dates of service) NON		CABETH CULL	Address	37
18. CAUSE OF DEATH [Enter only one couse pre	er line far (a), (b), and (c).	DRRHAGE		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the under tying cause last. Part II. OTHER SIGNIFICANT CONDITION	RACTURE BASE RUSHED CHEST INSCONTRIBUTING TO DEATH BUT IN SCLER OSIS AND	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	HIN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap\) NO \(\bigcap\)
200. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. TELL DOWNSTAIN		r Part II of item 18.)	
a APRA OK.	hile Not while facto		MARION	(County) (Stole) SOMERSET MI
21. I certify that I attended the decorative on JUNE 23 1		ccurred of : 50PM,	VF 23 , 19 58 ,1 from the causes and SS (Street, city or town, stop $VATION$, MD	that I last saw the deceased d an the date stated above the DATE SIGNED
PHYSICIAN'S GEORGE C. C 220. BURIAL, CREMATION, 226. DATE THEREOF	OULBOURN, M. I	MARION CREMATORY 22d. L	~	
Burial June 26, 192	58 St. Paul's Epi	scopal Ma	rion Station	, Md.
Bradshaw & Sons. Crisf:		240. REC'D BY R		RAR'S SIGNATURE

erol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNECT After this certificate has been signed by the attending physician and completely filled in by the poge 3 should be disched for use as the burial-stransit permit. Then please remove affibial papers. Pages I and 2 shape registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

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THE REPORT OF THE PROPERTY AND THE PROPE All makes placed the beginning the to 1991 at some the Section of Court, 199 (Local Decomposition of the Court o

VS A1S (4) 1SM 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
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1249 CERTIFICATE OF DEATH

Reg. Dist. No.

07245

1	1. PLACE OF DEATH o. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (WILL D. STATE	here deceased lived. Il institution b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c, LENGTH OF STAY IN 16		outside corporate limits, write RUI	
	RURAL and give nearest town) CR. TS. F.T. F.L.D	11 DAYS	X MARI	ON	
2	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	EDW. W. MCCREADY ME	Mo. Hosp.	/		YES NO
	3. NAME OF First DECEASED (Type or print)	Middle	lost Desirates	4. DATE Month OF DEATH JUNE	Doy Year 7 19 58
	5. SEX 6. COLOR OR RACE 7- MARK	NEO CONTRACTOR OF	DENNIS B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE NEGRO WIDOW		August 27	a a a lost birthday)	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Soa lood noon k		MARY	LAND	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	- Heoras Phis	8	ANNI.	E SELBY	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Addre	15
	1	49-03-732 RI	ITH BACON,	200 MD. AV	E., CRISFIELD
	IB. CAUSE OF DEATN [Enter only one couse per li PART I, DEATH WAS CAUSED BY:	· h.	1. 6	-	INTERVAL BETWEEN TO
	IMMEDIATE CAUSE (o)	The frequence	ide Cia		- John Marie
	Conditions if any which \	naciation	y found	lace	2 /2 mo
	gave rise to immediate	+	10		
	tying couse lost.	remema "	y June		3 1200
3	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CONTRIBUTIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVE	N IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.)	
	Hour o. m. While	NJURY OCCURRED 20e. PL Not while t at work	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive an		accurred at 10:3		•
		M.D., CR.	isfield, M	AR YLAND	
	220. BURIAL, CREMATION, 22 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
	23. SUMBRAL DIRECTOR'S SIGNATURE	ADDRESS	A 24a. REC'	D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
	Charles H Ward 17	ration 1	nd DATE	THE 1 6 '58 1 CO.	() 1

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07246

(State)

7250 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b** COUNTY MARYLAND Somerset Somerset Marvland b. CITY OR TOWN (If outside corporale timits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town? Evel 1 Lifetime Ewell d NAME OF HOSPITAL (If not in hospitol, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Smith Island Smith Island YES TI NO NAME OF Eirst DATE Middle Month Yeor DECEASED OF DEATH ET.PERTINA **EVANS** 19 58 June 28 (Type or print) 5 SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED TI NEVER MARRIED TO 9. AGE IIn years lost birthday) Months Dovs Hours June 2, 1885 Female White DIVORCED F WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Smith Island, Md. USA None None 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Lewis A. Evans Margaret Evans 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No Lewis A. Evans--Ewell. Md. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 24 1 24 p DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIME HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Not while foctory, street, affice bldg., etc.) Hour o. m While of work of work JOUR 18 1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 7:30A. M., from the causes and on the date stated above alive an ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE PHYSICIAN'S

Ewell Cemetery

ADDRESS

Bradshaw & Sons-Crisfield. Md.

Barbara Hunt. M. D. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Burial

23 FUNERAL DIRECTOR'S SIGNATURE

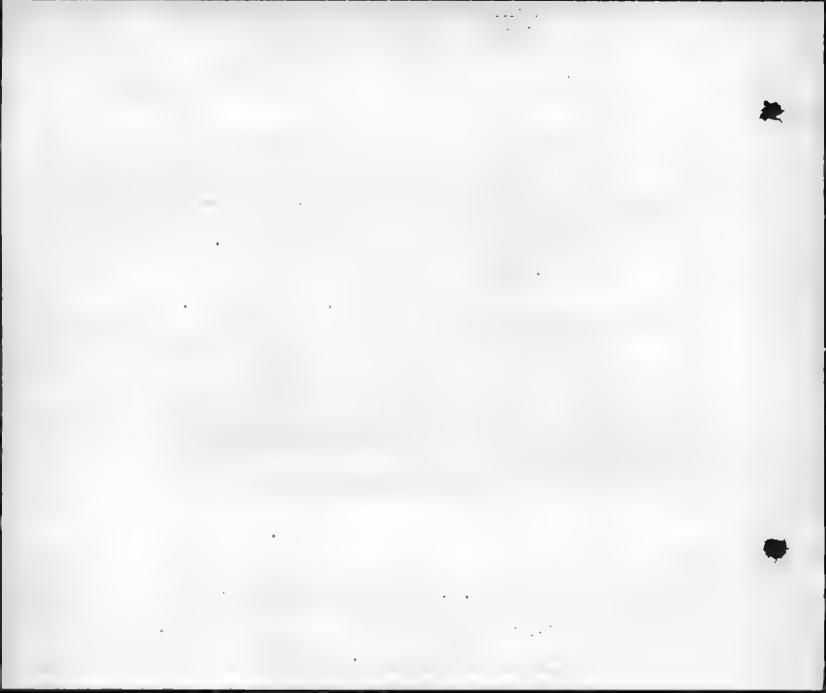
July 1.1958

Ewell, Maryland 22d. LOCATION (City, town, or county)

Ewell.

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

15M 10/57

e. IS RESIDENCE

ON A FARM?

YES INO I

Year

19 58

MARYLAND

INTERVAL BETWEEN ONSET AND DEATH

YES NO V

(State)

DATE SIGNED

1 112777

(County)

Somerser

U.S.A.



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
*			7252 CERTIFICATE OF DEATH Reg, Dist. No.
a gam		1, 6	LACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) STATE COUNTY MARYLAND D. COUNTY D. COUNTY
death.		21 21	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lab () (Las field Lab () (Las field Lab () (Las field Lab () (Las field Lab () (Las field Lab () (Las field Lab () (Las field Lab () (Las field Lab () (Las field
by W	1-15		S. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
illed in			NAME OF DECEASED Type or print Lost 4. DATE Month Day Year Type or print Lost L
d within bletely f rs. Pag		S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH. LINE LLC. WIDOWED DIVORCED LLT & 6/9/2 Tost birth days Months Days Hours Min
and campon pope death.		10α	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
physician and mave corbon haurs offer de	-/	13.	FATHER STNAME IL SEGUL SHORE THE STATE THE
ng phys e remay 72 hau			WAS DECEASED EVER IN U/S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT NO OF UNINDOWN (If yet, give war or dates of service) 16. SOCIAL SECURITY NO. 17, INFORMANT Address A
ottendi n pleos			18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY.
by the lit. The ny even			Conditions, if ony, which) (b)
on. signed iit perm			gove rise to immediate costs (a), stating the under. lying couse last.
physicic os been iol-Irons oval, a	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 1 NO 17
fan: The ending ficote has burned ar rem		CERTIF	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC ol or att his certi his certi use os emation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
ADING hospite the After the formal, critical, critical formal for			21. I certify that I attended the deceased from
d by the			ACTUAL SIGNATURE SO M. R. 33W. M. ST. ST. W. 4 111
refained RAL DIRE should be stror prior	1		PHYSICIAN'S NAME (Type) Sarah M. Peyton Cistal M
O HOSPI) moy be r O FUNER, poge 3 s the regist		22a	BURIAL, CREMATION, 226 DATE THEREOF, 22C, NAME OF CEMETERY OR CREMATORY SMOYAL (Specify) FILM H HIS TREATMENT (State) (State)
VS A1s (4) 1SM 9/SS	*	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE ADDRESS ADDRESS DATE ADD
	11		



22c. NAME OF CEMETERY OR CREMATORY

Asbury Cemetery

Princess Anne. Md.

ADDRESS

22d LOCATION (City, town, or county)

240, REC'D BY REGISTRAR

Vernon, Maryland

24b. REGISTRAR'S SIGNATURE

(State)

0 15M 9/55

n

22b. DATE THEREOF

6-14-1958

BURIAL CREMATION.

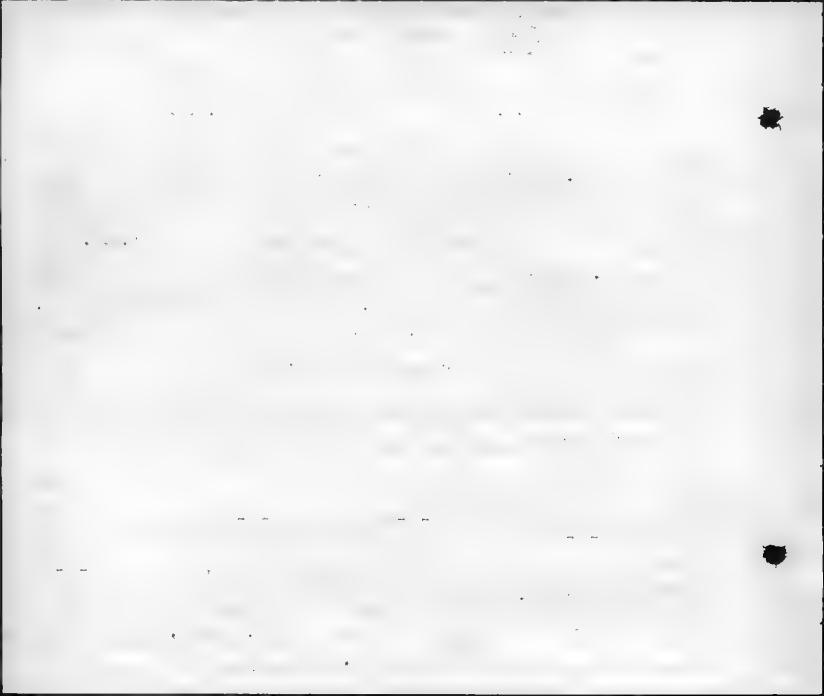
23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

burial

HOSPITAL

death.



certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	OF	DEATH
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07250

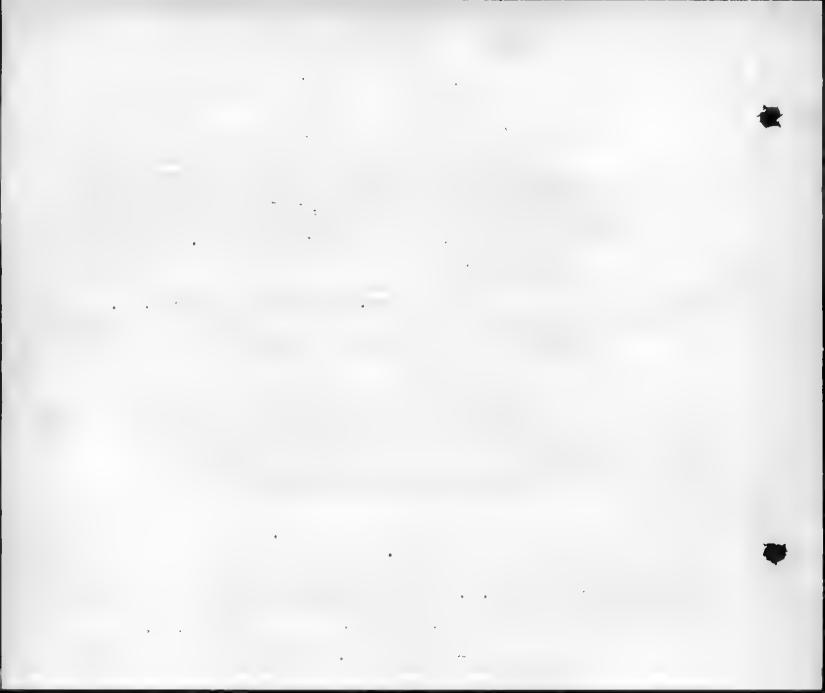
7254 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) COUNTY o. STATE **b** COUNTY Somerset MARYLAND Maryland Somerset CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Tylerton Lifetime Tylerton d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE OR INSTITUTION ON A FARM? Smith Island Smith sland YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED DAISY ELLEN LAIRD (Type or print) June 23 DEATH 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Female White WIDOWED 🐼 DIVORCED | July 16. 1885 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife At Home Tangier Island, Va. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME McClelland Pruitt Mary Parks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address No Mrs. Asbury Bradshaw--Tylerton, Md. None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) U.J.U. DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES NO B 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) IIF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. While Not white of work al wark to 1958 to June 13, 1958 that I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred at \$:45P. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stale) DATE SIGNED SIGNATURE PHYSICIAN'S Barbara Hunt. M. D. Ewell, Maryland NAME [Type] 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) Burial (Specify) June 25 Tylerton Cemetery Tylerton. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bradshaw & Sons-Crisfield, Md.

FUNERAL C 10 VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 72 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07251

FOR STATE HEALTH DEPT.

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Somerset b. CITY OR TOWN (If autside corporale limits, write RURAL and give negrest town

MARYLAND c. LENGTH OF STAY IN 16

o. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Lifetime Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Crisfield

d. STREET ADDRESS

Aboard Boat -- N. 10th St. Dock

(if yes, give war or dates of service)

e. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED	Fire	1	Middle	Lost	4	DATE	Menth)	Doy	Y	fear
(Type or print)	WILI	MAI	HENRY	POWELL	-	DEATH	June		4	1	958
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years	The state of the s	Marine Street 17	IF UND	ER 24 HRS.
Male	White	WIDOWED [DIVORCED	April 30,	188	9	69 yrs.	Months	Doys	Hours	Min.

10c, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Construction Work Carpenter 14. MOTHER'S MAIDEN NAME

Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

PLACE OF DEATH

a. COUNTY

William H. Powell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

Mary L. Ward

Address

Reg. Dist. No.

b. COUNTSomerset

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Yes	World War I	218-14-2430	Mrs. Shirley Shawen-R.F.D. Cris	rield, Md.
	F DEATH [Enier only one couse per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Suffocation	(Heat and Smoke from Fire)	interval Between onset and Death minutes
Conditions, if any, which	if any, which) (b)	Third Degree	burns of entire body: charred	Ħ
	the underlying DUE TO	hands, feet,	and scalp	15 10

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE EXAMALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

DEPUTY MEDICAL EXAMINE PERFORMED?

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in the SOME BEET, COUNTY, MD CAUSE OF DEATH. Subject aboard boat asleep--Boat caught fire 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town)

factory, street, office bldg., etc.)

(County) (Stote)

Md.

DATE SIGNED

While of work Aboard boat 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry X and in my opinion death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined manner

ACTUAL SIGNATURE

William H. Coulbourn, M. D.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER EX

June 5, 1958

Somerset

220. BURIAL, CREMATION, 226. DATE THEREOF REMOYAL (Specify) June 6.1958 22c. NAME OF CEMETERY OR CREMATORY American Legion Cemetery

22d. LOCATION (City, town, or county) Crisfield. Md.

Crisfield

(Slote)

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

Bradshaw & Sons-Crisfield, Md.

24a. REC'D BY REGISTRAR JUN 9 DATE

246. REGISTRAR'S SIGNATURE

be executed within 24 hours after pencil in Item, 18. Give Pages 1, 's Office along with farm PM3_R urial-transit permit. File poges 1 **burial-transit** writing the word "pending" in to the Chief Medical Examiner" Page 3 should be used as a by , prior to bariol, cremation, or orded CTOR: should FUNERA 70 VS. A15ME

MUREVIAND STANSOCRETIMENT OF HILLYN DIAGNOSE IN 78 BEDICAS BYAMINERUS CERTIFICATE OF DEATH

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	1.971.80	Bert Allen	12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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n 30	sends a first solder to one		
		along popular	
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	A Children of the St.		
0-11-			
Deer in one	We proposed to		A STATE OF THE
	der Services del Malo,	ted Amplete La	t _e n engal bleek

e. IS RESIDENCE ON A FARM2. YES NO

Year

19 58

IF UNDER I YEAR IF UNDER 24 HRS.

If institution: Residence before admission)

	THE CERTIFICA	AIL OI DEAIN	Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE b. COUN	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) CTISTICAL Lifetime	c. CITY OR TOWN (If outside corporate limits, write Crisfield	e RURAL and give nearest lown)
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D. # 1	d. STREET ADDRESS R. F. D. # 1	e. IS RESID ON A F YES
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) WICEILUS CLAY	WARD 4. DATE OF DEATH JU	ne 27 19
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DO DIVORCED		rs IF UNDER 1 YEAR IF UNDER r) Months Days Hours
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter For Himself	Orisfield, Maryland	US A
	Henry Clay Ward	14. MOTHER'S MAIDEN NAME Sarah Kathryn Hend	erson
15	(et. no. or unknown) (if yes, give wor or dates of service)	iss KathrynWard—R.F.D. #	ddress 1—Crisfield, N
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Henrelige	INTERVAL BETTONSET AND C
	Conditions, if ony, which gove rise to immediate couse (o), stoling the under-	Antonoclarosis	3ye
O KATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o) TP, WAS ALL PERFORM
CERTIFIC	200. ACCIDENT WAS UNDERLYING [7] 206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter polure of injury in Port 1 or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work 19 of work 1	LACE OF INJURY (Home, form, ctory, street, office bidg., etc.)	(County)
	21. I certify that I attended the deceased fram dive on 26, 19 58, and that death actual signature Sand Mr. Performance of the signature Sand Mr. Performance of the signature o	h accurred at 12 100 AM, from the causes ADDRESS (Street, city or town)	and on the date stated
	PHYSICIAN'S NAME (Type) Sarah M. Peyton, M.D.	Main StCrisfiel	d, Md.
22	d. Burial, Cremation, 22b. Date thereof 22c. Name of Cemetery of Eurial June 29, 1958 Sunnyridge (
DH 53	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR (4b) RE	GISTRAR'S SIGNATURE

(In years birthday) Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY? USA denderson Address # 1-- Crisfield, Md. INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0) TP, WAS AUTOPSY PERFORMED? YES T NO D em 18.) (County) (Slate) , 19_15 that I last saw the deceased causes and an the date stated above. y or lown, state) Mield, Md. ity, lown, or county) (Stote) eld, Md. 46 REGISTRAR'S SIGNATURE DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death; Page 15M 10/57

. . . The life of the sale of the A STATE OF S merchant region was Leg un south the control of the cont THE WHATER A VIEW CO. The same of the sa OF 45 (42) 4240 All would be a seen a surface of